

13052386  
**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	62		1			
5	8					
6	12					
7	85					
8	55					
9	15					
10	23					
11	27					
12	47					
13	11					
14	11					
15	1		1			
16	6		1			
17	11		1			
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			31			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						